

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
A. <u>General Conditions of Eligibility</u>	
Each individual covered under the plan:	
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act P.L.101-508	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

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Citation	Condition or Requirement
1905(p) of the Act	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435. c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 435.402	3. Is residing in the United States and-- a. Is a citizen;
Sec. 245A of the Immigration and Nationality Act	b. Is an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law, as defined in 42 CFR 435.408;
1902(a) and 1903(v) of the Act and 245A(h)(3)(B) of the Immigration & Nationality Act	c. Is an alien granted lawful temporary resident status under section 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, under 18 years of age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422;

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Citation

Condition or Requirement

- 42 CFR 435.403
1902(b) of the
Act
- d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
- e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).
4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.
- ☒ State has interstate residency agreement with the following States:
- ☒ State has open agreement(s).
- ☒ Not applicable; no residency requirement.

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Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

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State/Territory: Rhode Island

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

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State: **Rhode Island**

OFFICIAL

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OMB No.:0938-0673

Citation	Condition or Requirement
B.	Post Eligibility Treatment of Institutionalized Individual's Incomes
	1. The following items are not considered in the post eligibility process:
1902(o) of the Act	a. SSI and SSP benefits paid under Section 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF or ICF.
Bondi v Sullivan (SSI)	b. Austrian Reparation Payments (pension reparation payments made under Sections 500-506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to payments.
1902(r)(1) of the Act	c. German Reparations Payments (reparation payment made by the Federal Republic of Germany).
105/206 of P.L. 100-383	d. Japanese and Aleutian Restitution Payments.
1.(a) of P.L.103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
10405 of P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381(E.D.N.Y.)
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation
12005 of P.L. 103-66	h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

TN No. 99-005

Supersedes

TN No. 92-02

Approval Date 12-15-99

As effective by law or

Effective Date: 7/1/99

State: Rhode Island

Citation	Condition or Requirement
1924 of the Act	
435.725	
435.733	
435.832	2.

The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 for Individuals and \$60 for Couples For all Institutionalized Persons.

- a. Aged, blind, disabled:
Individuals \$ 50.00
Couples \$ 100.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- b. AFDC related:
Children \$ 50.00
Adults \$ 50.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- c. Individual under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A.
\$ 50.00

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State: **Rhode Island**

FINAL

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For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
- a. The monthly income allowance for the community spouse, calculated using the formula in Section 1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in Section 1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

 X The poverty level component is calculated using the applicable percentage (set out Section 1924(d)(3)(B) of the Act) of the official poverty level.

 The poverty level component is calculated using a percentage greater than the applicable percentage, equal to % of the official poverty level (still subject to maximum maintenance needs standard).

 The maintenance needs standard for all community spouses is set at the maximum permitted by Section 1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

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277-1-11

Citation

Condition or Requirement

In determining any excess shelter allowance, utility expenses are calculated using:

X the standard utility allowance under Section 5(e) of the Food Stamp Act of 1977; or

— the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

b. The monthly income allowance for other dependent family members living with the community spouse is:

X one-third of the amount by which the poverty level component (calculated under Section 1924(d)(3)(A)(I) of the Act, using the applicable percentage specified in Section 1924 (d)(3)(B)) exceeds the dependent family member's monthly income.

— a greater amount calculated as follows:

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family member under Section 1924(d)(1):

c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payment by a third party:

(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.

(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)

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ATTACHMENT 2.6-A

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State: Rhode Island

Citation	Condition or Requirement
435.725	
435.733	4. In addition to any amount deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:
435.832	a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the: o AFDC level; or o Medically Needy level: (Check one) ___ AFDC levels in Supplement 1 <u>X</u> Medically Needy level in Supplement 1 ___ Other: \$ _____
	b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party: (I) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges or copayments. (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A.)
	5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple: A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period: ___ No <u>X</u> Yes (the applicable amount is show on page 5a.)

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